24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
		M M / D D / Y Y Y Y Y
Check if 24-hour report 48-hour report New repo	rt Amends report file	
Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination
·		07 19 2016
Mailing Address 2229 North Pollard St		Amount
City State	Zip Code	4464.00
Arlington VA	22207	Transaction ID : B623302 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising	Category/ Type 004	M M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District:
Kelly Ayotte	X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	579142.28 Disk 2016	oursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Blueprint Interactive		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2229 North Pollard St		Amount
City State	Zip Code	66400.00
Arlington VA	22207	Transaction ID : B625997 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy and Commission	Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	ce Sought: House District:
Kelly Ayotte	X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	579142.28 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		70004.00
(a) SOBTOTAL OF HEIMIZED INDEPENDENT EXPONDITURES		70864.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Deirdre Schifeling [Electronic Signature	cally Filed] Date	09 14 2016
-		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOTILO	PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes		C C00489799		
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination		
Mailing Address 1150 18th Street NW/Ste. 800		09 12 2016 Amount		
City	Zin Codo	500044.00		
City State Washington DC	Zip Code 20036	500844.00 Transaction ID : B626000 Date of Disbursement or Obligation		
Purpose of Expenditure Television Ad Buy	Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate	Support C	Office Sought: House District:		
Kelly Ayotte	X Oppose	President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ☐ Other (specify)		
Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination 09 09 09 09 09 09		
Mailing Address 1150 18th Street NW/Ste. 800		Amount		
City State	Zip Code	7434.28		
Washington DC	20036	Transaction ID : B626002 Date of Disbursement or Obligation		
Purpose of Expenditure Ad Production	Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	Support C	Office Sought: House District:		
Kelly Ayotte	X Oppose	President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures)	508278.28		
(b) SUBTOTAL of Unitemized Independent Expenditures)			
(c) TOTAL Independent Expenditures)			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Deirdre Schifeling [Electron:	ically Filed] Date	09 / 14 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	01 111021 211221	11 E/M E/M	1101120				PAGE 3	OF FORM 24/4	4 48
NAME OF COMMITTEE (In F						FEC II	DENTIFICATION		
Planned Parenthood	d Votes						C00489799		
Check if 24-hour report	✗ 48-hour report	X New rep	oort Amer	nds repo	ort filed on	M = M /	D D /	YIYIY	Y
Full Name of Payee SKDKnickerbocke					Date	of Public	c Distribution/	Disseminati	ion
					[09	12	2016	Y
Mailing Address 1150 18t	h St., NW #800				Amo	unt			
City		State	Zip Code					7434.2	7
Washington		DC	20036				ID: B626004 ursement or C	Obligation	
Purpose of Expenditure Ad Production			Category/ Type	004		М = М	/ D D /	Y	Y
Name of Federal Candida	ite		Su	ıpport	Office Soug	ıht:	House	District:	
Donald Trump				ppose	✗ Presid	_	Senate		JS
Calendar Year-To-Dat Per Election for Office		7 7	1907864.05		Disburseme	ent For: Other (sp	Primary	X Ge	neral
Full Name of Payee SKDKnickerbocker	r				Date	of Publi	c Distribution	/Disseminat	ion
					[09	12	2016	Y
Mailing Address 1150 1	18th St., NW #800				Amo	ount			
City		State	Zip Code		$\dashv \Gamma$			500844.0	0
Washington		DC	20036				D: B625999 ursement or (Obligation	
Purpose of Expenditure Television Ad Buy			Category/ Type	004] [M = M	/ D D /		Y
Name of Federal Candida	ite		Su	upport	Office Soug	ght:	House	District:	
Donald Trump			x Op	ppose	x Presi	dent	Senate	State:	JS
Calendar Year-To-Dat Per Election for Offic	· ·	7	1907864.05		Disburseme 2016	ent For: Other (sp	Primary	x Ge	neral
(a) SUBTOTAL of Itemized	Independent Expenditu	res			• [508278.27	
(b) SUBTOTAL of Unitemize	zed Independent Expend	litures				-			
(c) TOTAL Independent Ex	cpenditures				·				
Under penalty of perjury I with, or at the request or s party committee) any politic	suggestion of, any candid	date or authorized							
Deirdre Schifel	ing	[Electron	ically Filed]	Date	9 09	14	/ Y Y 201	6	
Signature									

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes	C C00489799			
	O THE SHAPE			
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee Blueprint Interactive	Date of Public Distribution/Dissemination			
	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2229 North Pollard St	Amount			
City State Zip Code	66400.00			
Arlington VA 22207	Transaction ID : B625996 Date of Disbursement or Obligation			
Purpose of Expenditure Digital Ad Buy and Commission Category/ Type 004	M = M / D = D / Y = Y = Y			
	ice Sought: House District:			
Donald Trump Oppose	President Senate State: US			
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
City State Zip Code	-			
	Date of Dichurament or Obligation			
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation			
Name of Federal Candidate Support Off	ice Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Dis	bursement For: Primary General			
Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	66400.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	1153820.55			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Deirdre Schifeling [Electronically Filed] Date	09 14 2016			
Signature				